

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/541409

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51	1				
2		1						52	1				
3		1						53	1				
4	1	2						54	1				
5	2							55					
6		2						56					
7	1	2						57					
8		1						58					
9		1						59					
10	1	1						60					
11		2						61					
12	1	2						62					
13		1						63					
14		1						64					
15	1							65					
16		2						66					
17		2						67					
18		2						68					
19		1	1					69					
20		1	1					70					
21		1	1					71					
22		1	1					72					
23		1	1					73					
24		1	1					74					
25		1	1					75					
26		1	1					76					
27		1	1					77					
28		1	1					78					
29		1	1					79					
30		1	1					80					
31		1	1					81					
32		1	1					82					
33	1							83					
34		1	1					84					
35		1	1					85					
36		1	1					86					
37		1	2					87					
38		2	2					88					
39		1	1					89					
40		1	1					90					
41		1	1					91					
42		1	1					92					
43		1	1					93					
44		1	1					94					
45		1	1					95					
46		1	1					96					
47		1	1					97					
48		1	1					98					
49		1	1					99					
50		1	1					100					
TOTAL IND.								TOTAL IND.	4				
TOTAL DEP.								TOTAL DEP.	59				
TOTAL CLAIMS								TOTAL CLAIMS	43				

BEST AVAILABLE COPY